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CONFIRMATION NO. 8551

<b>SERIAL NUMBER</b> 10/738,358	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 018158-022220US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Yes* *hm*

This appln claims benefit of 60/431,634 12/06/2002 and claims benefit of 60/519,885 11/13/2003  
 and claims benefit of 60/468,387 05/05/2003  
 and claims benefit of 60/468,303 05/05/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *hm*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 34	TOTAL CLAIMS <del>81</del> 56	INDEPENDENT CLAIMS <del>18</del> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Hubert Mac</i> Examiner's Signature Initials				

## ADDRESS

20350

## TITLE

Presbyopia correction using patient data

<b>FILING FEE RECEIVED</b> 3030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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